

of Memorial Day is built. In 1971, Congress expanded the Memorial Day tradition to include all soldiers who have died in service to our nation.

Turning back the clock, the great patriot Thomas Paine once said:

"These are the times that try men's souls. The summer soldier and the sunshine patriot will, in this crisis, shrink from the service of his country. But he that stands it now, deserves the love and thanks of man and woman."

These strong words spoke of a special kind of patriotic devotion and love of country that was needed if the colonists were going to win their struggle for independence. These words have become timeless and have continually rang true in our times of crisis.

However, I would have to say that true patriotism goes beyond waving our country's flag or singing the National Anthem. Don't get me wrong, those are important gestures, but true patriotism demands loyalty to the ideals that lie behind those gestures.

Our American patriots were not born with this pride, nor did they learn it in books. It's a pride that has taken root in their souls, growing greater as they experience the true meaning of freedom, liberty and prosperity. Patriotism is more sincere than attitudes of self-righteousness—it is the guardian of our Constitution. Patriotism is why America has prospered and grown to such greatness in a mere two centuries.

When our country's first army gathered under George Washington in the summer of 1775, it was truly a citizen's army. Farmers, shopkeepers and tradesmen left their loved ones to rid our land of British rule once and for all. There were few uniforms and even less weapons, but these brave men were willing to battle Britain's best troops and Europe's fiercest mercenaries. These first American patriots believed in three essential ideals, independence from foreign tyranny, human equality, and democracy.

It is our American patriots that will bear any hardship, will overcome any obstacle, and will conquer any foe in the pursuit of liberty and justice—for themselves, their children, their countrymen, and others who they will never know. It is our American patriots that have protected this great nation in the past, and will be the author of our bright future. It is our American patriots that we remember today.

Unfortunately, not every American will take time today to visit the graves of those who have been taken by war, but every American should take the time to remember those who gave everything on behalf of our common good. Today from Omaha Beach to Arlington National Cemetery we honor the memory of American veterans whose remains consecrate the soil throughout the world. Let us promise that their lives and sacrifices shall not have been offered in vain.

We must uphold the memories of their heroism with our respect, reverence, and heartfelt admiration. Those who have died on the field of battle deserve our enduring thoughts. It is our duty to make sure America remembers the martyrs of freedom's cause. It is our obligation to keep alive the great hopes of the American people, as they are embodied in the principles outlined in our nation's Constitution.

We cherish the hope that the ideals of peace, freedom and prosperity will light our way through the 21st century. Memorial Day is a celebration of that hope. It is the day we re-

member and honor those who lost their lives fighting for our nation. The men and women we remember on Memorial Day demonstrated the highest form of faith in the triumph of good over evil. Today we pause to remember the 26 million patriots living today who have served in the armed forces, and the more than one million who have died in America's wars.

Today we recognize the power and virtue of their sacrifice. We remember those who gave their lives to strengthen and preserve the invaluable gift of freedom. In the dark hours of war and conflict, American patriots have answered the call, and they're the reason that the United States is the mightiest, wealthiest, and most secure nation on earth today. Should the day come when our American patriots remain silent in the face of armed aggression, then the cause of freedom will have been lost.

Today, 179 of the world's 193 sovereign states elect their lawmakers. That means the earth is 93 percent covered by democracy—a greater proportion than water. Clearly, those who made the ultimate sacrifice for freedom did so for a supreme cause.

However, history teaches us that the world will never run out of threats to freedom. Hitler was defeated and we won the Cold War, but we must continue to contend with terrorists like Asama Bin Laden and tyrants like Milosovic and Hussein. Clearly, future American patriots may be called upon again to sacrifice for freedom.

As you reflect on our nation's past, remember that this great nation was not established by cowards. America has remained the land of the free through the noble selfless acts of our American patriots and those heroes who did not return. Today we honor you and today we remember. May your patriotism endure, may God continue to bless you, and may God bless America.

INTRODUCTION OF AMERICAN GOLD STAR PARENTS ANNUITY ACT

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, May 21, 2001

Mr. GILMAN. Mr. Speaker, I rise today to introduce The American Gold Star Parents Annuity Act of 2001, H.R. 1917.

This legislation would create a new annuity of \$125 per month for all current and future Gold Star Parents. Gold Star Parents are those individuals who have lost a child, who was an active duty member of the Armed Forces, and subjected to either enemy fire in a recognized conflict or to an act of terrorism.

The annuity is for each set of parents, to be divided equally if they are no longer married. Should one parent be deceased, the surviving parent would receive the full amount of the annuity. This annuity will be tax free.

The annuity is contingent upon the parents being awarded a Gold Star, the eligibility of which is determined by the Secretary of Defense.

Most of the recipients will be members of The American Gold Star Mothers, an organization that had its beginnings in World War I. During that conflict, a blue star was used to represent a person serving in the United

States' Armed Forces. As American casualties mounted in 1917, silver stars were used to represent those who had been wounded, and gold stars were used for those who had died in the service of their nation.

On June 4, 1928, a group of twenty-five mothers residing in Washington DC, met to plan the founding of a national organization, which was officially incorporated on January 5, 1929.

Gold Star membership was initially open to all mothers who had lost a son or daughter in World War I, but subsequently was opened to all those who had lost a child in World War II, Korea, Vietnam and the Persian Gulf conflict.

These additions have paralleled congressional modifications to the U.S. Code to permit the Secretary of Defense to award Gold Star pins to the parents of deceased veterans of those conflicts as well as those who lost children in terrorist attacks on U.S. Armed Forces.

Since its founding, The American Gold Star Mothers has played a vital role in the healing process for those who had lost a child. By bringing together those who share a common tragedy, this organization has helped its members realize that they are not alone in their grief.

Furthermore, The Gold Star Mothers also performed the important service of assisting veterans of the last century's military conflicts and their descendants with the presentation of claims before the Veterans' Administration. They also perform thousands of hours of volunteer service in our VA hospitals, offering assistance and comfort to hospitalized veterans and their families.

Mr. Speaker, our country has always sought to look after the surviving spouse and children of a service-member who has been killed in action. Often overlooked however, are the parents of the deceased service-member. This is unfortunate since the parents are usually those who have had the greatest role in shaping that person's life, and will have had the greatest impact on his or her life. Yet, beyond heartfelt condolences, the parents receive very little from the Government that their child chose to patriotically serve as a member of the Armed Forces.

While we all recognize that the Government has some obligation to the widowed spouse and the killed soldier's children, very few have argued on the behalf of the parents who lose their children to war. Only those parents who relied on their child as a primary means of support currently receive any benefit when their child is killed in the line of duty.

This legislation seeks to change that reality. It offers a small annuity to any parent, mother or father, regardless of need, as a sign of appreciation for the ultimate sacrifice made by their child in the defense of freedom and liberty.

Accordingly, I invite my colleagues to support this overdue measure, H.R. 1917.

H.R. 1917

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Gold Star Parents Annuity Act".

SEC. 2. SPECIAL PENSION FOR GOLD STAR PARENTS.

(a) IN GENERAL.—(1) Chapter 15 of title 38, United States Code, is amended by adding at the end the following new subchapter:

"SUBCHAPTER V—SPECIAL PENSION
FOR GOLD STAR PARENTS

"§ 1571. Gold Star parents

"(a) The Secretary shall pay monthly to each person who has received a Gold Star lapel pin under section 1126 of title 10 as a parent of a person who died in a manner described in subsection (a) of that section a special pension in an amount determined under subsection (b).

"(b) The amount of special pension payable under this section with respect to the death of any person shall be \$125 per month. In any case in which there is more than one parent eligible for special pension under this section with respect to the death of a person, the Secretary shall divide the payment equally among those eligible parents.

"(c) The receipt of special pension shall not deprive any person of any other pension or other benefit, right, or privilege to which such person is or may hereafter be entitled under any existing or subsequent law. Special pension shall be paid in addition to all other payments under laws of the United States.

"(d) Special pension shall not be subject to any attachment, execution, levy, tax lien, or detention under any process whatever.

"(e) For purposes of this section, the term 'parent' has the meaning provided in section 1126(d)(2) of title 10."

(2) The table of sections at the beginning of such chapter is amended by adding at the end the following:

"SUBCHAPTER V—SPECIAL PENSION FOR GOLD
STAR PARENTS

"1571. Gold Star parents."

(b) EFFECTIVE DATE.—Section 1571 of title 38, United States Code, as added by subsection (a), shall take effect on the first day of the first fiscal year beginning after the date of the enactment of this Act.

THE FAILURE OF MANAGED CARE

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, May 21, 2001

Mr. STARK. Mr. Speaker, many of us in Congress—and many of our constituents around the country—have serious concerns about the future of managed care and what it means for the quality of our nation's health care system.

I recommend the attached article for my colleagues' attention. It is written by Dr. Ronald J. Glasser, a practicing pediatrician at Children's Hospital in Minneapolis, Minnesota. The article appeared in the May 2001 edition of *Washington Monthly*.

As many of my colleagues know, I am a longtime champion of expanding Medicare to eventually provide health insurance coverage for everyone. The article below provides strong support for that proposal.

[From the *Washington Monthly*, May, 2001]

FLATLINING, THE COMING COLLAPSE OF
MANAGED CARE AND THE ONLY WAY OUT

(By Ronald J. Glasser, M.D.)

Everyone knows the horror stories of managed care; the denied treatment, the preauthorizations, refusals to allow subspecialty care, etc. So there is little reason to mention the motorized wheel chairs denied for patients with spina bifida—"our evaluation team has determined that your patient can walk assisted with braces or walker the prescribed twenty meters in

under the approved ninety seconds." Nor is there need to remind of the termination of skilled nursing care for adolescents with cystic fibrosis—"home nursing care will be discontinued at the end of the month due to the plan's determination that there has been stabilization of your patient's clinical course."

Even as I write this, my home state of Minnesota's largest HMO is refusing to approve a discharge order to transfer a quadriplegic 18-month-old girl to the city's most respected and accomplished rehabilitation medical center because it isn't on the HMO provider list. Try to justify that to your conscience or explain it to traumatized, desperate parents. But these are only the everyday skirmishes. As a pediatric nephrologist and rheumatologist in Minneapolis, I've been on the front line of these battles for 15 years, and I've experienced first-hand the insanity of managed care.

Under managed care, physicians have fared no better than the patients. Despite what the managed-care industry would like you to believe, there is no real competition out there, no real choice. In any urban population of less than a million people, one dominant health plan usually covers more than 50 percent of the area's enrollees. In the larger cities, there are usually only four plans that cover more than 70 percent of the residents. These big plans run the show, shadow each others' prices, and do not easily tolerate criticism.

Steve Benson, a well-respected pediatrician for over 20 years worked in a clinic recently taken over by a health plan. After questioning the appropriateness of the plan's insistence on scheduling patients every 10 minutes, he was told that he was not a team player. But he continued to complain that ten minutes per patient was not enough time to perform an adequate exam, much less counsel young mothers. More pointedly, after he complained that such a draconian patient-care policy was detrimental to the family and demeaning to the doctor, the medical director took Benson aside and told him that he was disruptive. If he wanted to continue at the clinic, he would have to seek counseling with the plan's psychiatrist. When Dr. Benson refused, he was fired.

The plan was determined to make an example of the good doctor. The separation clause of his contract stated that if he left the clinic, he could not practice within two miles of the facility. The plan interpreted "facility" to mean anything owned by the health plan, including depots, warehouses, parking lots, machine shops, and administrative buildings. That meant virtually the whole metropolitan area and most of the rest of the state. Daunted by the prospect of endless lawsuits, Dr. Benson, at the age of 56, was forced to leave his practice as well as the state. There were no more complaints from the other physicians.

CHERRY PICKERS

The lunacy of managed care began with the passage of the 1973 HMO Act. Within a decade, that craziness had grown into a full-blown catastrophe. It is fair to say that, back in 1973, no one had a clear vision of exactly what these organizations were, how they were to be run, what precisely they were supposed to do, or how they were to become profitable and remain fiscally sound.

The original idea was simple enough: Health-care costs were rising for employers and some method had to be devised to control them. What better way than to put together a whole new health-care delivery structure that would focus on keeping people healthy and that would place each patient into a health care "network," based on sound medical and economic principles?

Not surprisingly, though, patients wanted to stay with their own doctors and were re-

luctant to sign up with a health plan that wouldn't let them go to hospitals not in the plan. The imposition of whole new structures and delivery systems would have their own unique costs and unexpected problems.

Still, the health-maintenance organizations had enormous built-in advantages that allowed them to quickly overcome patients' doubts while overwhelming both physician resistance and the skepticism of the business community. First of all, as the name implied, HMOs were never set up to care for the sick—a problem if you intend to be in the health-care business. In addition, HMOs only offered medical care through employers, which virtually guaranteed them a healthy population. The insurance industry calls this tactic "cherry picking."

Full-time employees are the perfect demographic for any health-care company. Eighteen-to-55-year-olds are universally the healthiest cohort in any society; but the real "cherry picking" lay in selling health insurance only to employers, because no one who has heart failure, severe asthma, or is crippled by arthritis can maintain full-time employment. You start with healthy people, and if workers become ill or injured on the job, there's always workers comp.

But the HMOs' real advantage lay in their start-up costs. No one in America will ever see another new car company built from scratch because of the billions of dollars it would take to build the factories, set up the infrastructure, and establish distribution systems. But HMOs were, from the very beginning, given a pass on initial expenditures. The original HMOs were not viewed as insurance companies. In California and many other states, they were licensed under the department of corporations rather than with the state's insurance commissioner.

At first they looked more like what were called "independent contractors" than insurance companies. In fact, that was precisely how the HMOs presented themselves—nothing more than a group of doctors offering to supply health-care services to a defined group of people, similar both professionally and legally to carpenters or roofers offering their services.

Amidst all this initial confusion, managed-care companies were exempted from the usual requirements of insurance, specifically the need for large cash reserves. In short, they could become insurance companies without having monies available to pay claims. One of the largest and most successful HMOs in Minnesota came into existence with nothing more than a \$70,000 loan from a neighborhood bank to rent office space, hire two secretaries, and purchase a half-dozen phones.

This reckless financing led to what soon became a corporate Ponzi scheme. Without adequate reserves, HMOs had to keep premiums ahead of claims, and since premiums had to be kept artificially low to gain market share, that meant what it has always meant in the insurance business: lower utilization, or in the new health speak, denial of care.

Managed-care companies have always used certifications, pre-authorizations, formularies to restrict drug use, barriers to specialty care, limitations on high-tech diagnostic procedures, and the hiring of physicians willing to accept reduced fees to keep costs down and profits up. These restrictions were ignored when managed-care companies covered only a few hundred thousand people, but last year, over 140 million potential patients were enrolled in managed care. HMOs could no longer hide what they were doing.

DRIVE-BY DELIVERY DEBACLE

Managed care's first great PR disaster was the early discharge of new mothers within 24